STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GEORGIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

   For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item ___ of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."

3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item 1-5 of this attachment, for those groups and payments listed below and designated with the letters "NR".

4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item ___ of this attachment (see 3. above).

MR Chiropractor
MR Licensed Clinical Social Worker

NR Nursing Facilities
NR Swing-Beds
NR Outpatient Hospital
NR Inpatient Hospital
NR Ambulance

SP Rural Health Clinics
SP Federally Qualified Health Centers
SP Laboratory and X-Ray
SP Physician Services
SP Podiatrist Services
SP Optometrist Services
SP Nurse Practitioners
SP Home Health
SP Durable Medical Equipment
SP Mental Health Clinics
SP Dialysis Services
SP Dental Services
SP Prescribed Drugs
SP Prosthetic Devices
SP Nurse Midwife Services
SP Hospice Services
SP Extended Services to Pregnant Women
SP Other Diagnostic, Preventive, Screening and Rehabilitative Services
SP Physical Therapy
SP Occupational Therapy
SP Speech Therapy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GEORGIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A	X	Deductibles	X Coinsurance
	Part B	X	Deductibles	X Coinsurance
Other Medicaid Recipients	Part A	X	Deductibles	X Coinsurance
	Part B	X	Deductibles	X Coinsurance
Dual Eligible (QMB Plus)	Part A	X	Deductibles	X Coinsurance
	Part B	X	Deductibles	X Coinsurance

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GEORGIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

1. Nursing Facilities

Effective with dates of payment of February 1, 1991, and after, the maximum allowable payment for Medicare nursing facility coinsurance (crossover) claims will be the nursing facility's Medicaid specific per diem rate in effect for the dates of service of the crossover claims. The crossover claims will not be subsequently adjusted due to subsequent per diem rate adjustments.

Daily cost-sharing charges for beneficiaries except for QMBs will commence on the 21st day of service through the 100th day of service. These patients must be eligible for Part A Medicare and be admitted to an approved Medicare facility under conditions payable by Medicare. PEI HCFA 6-9-92

2. Swing-Bed Services

When a Medicaid recipient also has Medicare Part A coverage, payment for swing-bed services for up to one hundred days may be allowed by Medicare. In this instance, the swing-bed services must be billed to Medicare prior to billing the Department. The Medicare intermediary reimburses for the first through the twentieth day of coverage at 100% of the Medicare per diem rate. For the twenty-first through the one-hundredth day, the Medicare intermediary pays a reduced amount and Medicaid pays the applicable coinsurance amount. When Medicare Part A swing-bed benefits, i.e., skilled nursing facility care, are exhausted for these recipients, charges for days in excess of Medicare covered days may be submitted to the Department for reimbursement at the Medicaid per diem rate.

3. Outpatient Hospital Services

Effective with dates of payment on and after November 1, 1991, the Department will limit payment on outpatient Medicare crossover claims as follows: (a) multiply the allowable deductible and coinsurance amount by the hospital-specific percent of charges rate in effect on the date of payment; (b) compare the product from (a) to the hospital's inpatient per case rate in effect on the date of payment; and (c) reimburse the lower of the two amounts in (b).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GEORGIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

4. Inpatient Hospital Services

Effective with dates of payment of October 1, 1990, and after, the maximum allowable payment to enrolled Georgia and non-Georgia hospitals for Medicare inpatient deductibles and coinsurance (crossover claims) will be the hospital-specific Medicaid per case rate. The maximum allowable payment to non-Georgia hospitals not enrolled in the Georgia Medicaid program for Medicare inpatient crossover claims will be the average hospital-specific inpatient per case rate for enrolled non-Georgia hospitals.

5. Ambulance Services

For Medicare crossover claims, no payment will be made by Medicaid unless the Medicaid maximum allowable for the service exceeds the payment made by Medicare.